Goal 1: Improve the health of Medicaid Health Home recipients with chronic conditions.	Measures	Data Source	Measure Specification	How HIT will be Utilized	Core Service	Measure Steward
Clinical Outcomes	Depression: Percentage of CMHC-HH recipients aged 12 years through 17 years screened for clinical depression using an age appropriate standardized tool and follow-up documented.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients aged 12 years through 17 years screened for depression in the previous 12 months  Denominator = number of all CMHC-HH recipients aged 12 years through 17 years in the previous 12 months x 100	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion	PQRS (Physician Quality Reporting System – Centers for Medicare & Medicaid Services)
	Depression: Percentage of CMHC-HH recipients aged 18 years and older screened for clinical depression using an age appropriate standardized tool and follow-up documented.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients aged 18 years and older screened for depression in the previous 12 months  Denominator = number of all CMHC-HH recipients aged 18 years and older in the previous 12 months x 100	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion & Comprehensive Care Management	PQRS
	Substance Abuse: Percentage of CMHC-HH recipients age 12 years and older who were screened for tobacco, alcohol and other drug dependencies within the reporting period.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients age 12 years and older screened for tobacco, alcohol and other drug dependencies in the previous 12 months	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion & Comprehensive Care Management	PQRS

Denominator = Number of all CMHC-HH recipients aged 12 years and older in the previous 12 months x 100  Substance Abuse: Percentage of CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD treatment  Initiation of AOD treatment of AOD treatment treatment  Denominator = Number of all CMHC-HH recipients aged 12 years and older in the previous 12 months x 100  Initiation of AOD Treatment Numerator = Number of CMHC-HH recipients aged 13 years and older with initiation of AOD treatment through an inpatient admission, intensive outpatient encounter or	for
recipients aged 12 years and older in the previous 12 months x 100  Substance Abuse: Percentage of CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD treatment treatment  Recipient Electronic Health Record  Initiation of AOD Treatment Numerator = Number of CMHC-HH recipients aged 13 years and older with initiation of AOD treatment through an inpatient admission, intensive outpatient encounter or on the drug (AOD) dependence who received the following:  Initiation of AOD treatment admission, intensive outpatient encounter or on the drug (AOD) dependence who received the following:  Initiation of AOD treatment admission, intensive outpatient encounter or on the drug (AOD) dependence who received the following:  Initiation of AOD treatment admission, intensive outpatient encounter or the previous 12 months x 100  Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.  Management Management	for
and older in the previous 12 months x 100  Substance Abuse: Percentage of CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD Initiation of AOD Treatment Numerator = Number of CMHC-HH recipients aged 13 years and older with initiation of AOD treatment Initiation of AOD Treatment Numerator = Number of CMHC-HH record, results will be submitted in flat file to the state by individual recipient.  Initiation of AOD treatment admission, intensive outpatient encounter or	for
Substance Abuse: Percentage of CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD  Treatment Numerator = Number of CMHC-HH recipients aged 13 years and older with initiation of AOD treatment  Initiation of AOD  Initiation of AOD  Treatment Numerator = Number of CMHC-HH record, results will be submitted in flat file to the state by individual recipient.  Initiation of AOD treatment admission, intensive outpatient encounter or	for
Substance Abuse: Percentage of CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD Treatment Numerator = Number of CMHC-HH recipients aged 13 years and older with initiation of AOD treatment through an inpatient admission, intensive outpatient encounter or literature in the submitted in flat file to the state by individual recipient.    Initiation of AOD   Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.    Management   NCQA (National Committee of Nome than the promotion & Committee of Nome than the promotion & Comprehensive flat file to the state by individual recipient.	for
CMHC-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:  Initiation of AOD treatment treatment  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or  Initiation of AOD treatment admission, intensive outpatient encounter or	for
and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD treatment treatment  Initiation of AOD treatment  Initiation of AOD treatment outpatient encounter or  Initiation of AOD I	
with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD treatment treatment treatment  with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD treatment admission, intensive outpatient encounter or  recipients aged 13 years and older with initiation flat file to the state by individual recipient.  Care Management by individual recipient.	
other drug (AOD) dependence who received the following: Initiation of AOD treatment treatment treatment treatment outpatient encounter or	
received the following:  Initiation of AOD treatment treatment of AOD treatment through an inpatient admission, intensive outpatient encounter or	
received the following:  Initiation of AOD treatment treatment of AOD treatment through an inpatient admission, intensive outpatient encounter or	
treatment admission, intensive outpatient encounter or	
treatment admission, intensive outpatient encounter or	
outpatient encounter or	
partial hospitalization	
within 14 days of	
diagnosis.	
Denominator =	
Recipients 13 years of	
age and older as of	
December 31 of the	
measurement year with	
a new episode of AOD	
during the intake period,	
reported in two age	
stratifications (13-17	
years, 18 years and	
older) and a total rate.	
The total rate is the sum	
of the two	
denominators.	
Substance Abuse: Percentage of Recipient Electronic Engagement of AOD Utilizing the HH's Health NCQA	
CMHC-HH recipients age 13 years Health Record Treatment Numerator = electronic health Promotion &	
and older (adolescents and adults)  Initiation of AOD  record, results will  Comprehensive	
with a new episode of alcohol or treatment and two or be submitted in Care	
other drug (AOD) dependence who more inpatient flat file to the state Management	
received the following: admission, outpatient by individual	

■ Engagement of AOD		visits, intensive	recipient.		
treatment		outpatient encounters,	recipient.		
treatment		or partial hospitalizations			
		with any AOD diagnosis			
		within 30 days after the			
		date of the initiation			
		encounter (inclusive).			
		Multiple engagement			
		visits may occur on the			
		same day, but they must			
		be with different			
		providers in order to be			
		counted.			
		Denominator =			
		Recipients 13 years of			
		age and older as of			
		December 31 of the			
		measurement year with			
		a new episode of AOD			
		during the intake period,			
		reported in two age			
		stratifications (13-17			
		years, 18 years and			
		older) and a total rate.			
		The total rate is the sum			
		of the two			
		denominators.			
Asthma: Percentage of BH - HH	Recipient Electronic	Numerator = For a given	Utilizing the HH's	Comprehensive	PQRS
recipients aged 5 through 50 year	· ·	90 day period number of	electronic health	Care	. 3,10
of age who were identified as	Tieditii Needia	CMHC-HH recipients	record, results will	Management	
having persistent asthma and wer	e	between the ages of 5	be submitted in	anagement	
appropriately prescribed		through 50 years of age	flat file to the state		
medication and remained on their		identified as having	by individual		
		asthma and a	l •		
medication during the			recipient.		
measurement year. Two rates are		prescription for a			
reported.		controller medication.			
1. % of BH - HH recipients who		<b>Denominator</b> = for a			
remained on an asthma controller		given 90 day period			
medication at least 50% of the		-			

T	Г			I	
treatment period.		number of CMHC-HH			
2. % of CMHC-HH recipients who		recipients between the			
remained on an asthma controller		age of 5 through 50 year			
medication @ least 75% of the		of age identified as			
treatment period.		having asthma.			
		Numerator = number of			
		CMHC-HH recipients on			
		medication for asthma in			
		the past 90 days with a			
		medication possession			
		ratio greater than 75%.			
		<b>Denominator</b> = number			
		of all CMHC-HH			
		recipients on medication			
		for asthma in the past 90			
		days.			
		udys.			
Diabetes: Percentage of BH - HH	Recipient Electronic	Numerator = For a given	The medication	Comprehensive	PQRS
recipients aged 18 through 75 years	Health Record	90 day period, number	adherence, HEDIS	Care	
with diabetes mellitus who had		of CMHC-HH recipients	indicators and	Management	
most recent hemoglobin A1c less		between the age of 18 to	meaningful use		
than 8.0%.		75 years old identified as	measures were		
		having diabetes and a	developed from		
		documented Hba1c in	treatment		
		the previous 12 months	guidelines. Health		
		for whom the most	Homes will utilize		
		recent Hba1c level is less	data analytics of		
		than 8%	the diagnostic and		
			service		
		<b>Denominator</b> = For a	information in		
		given 90 day period,	practice's		
		number of CMHC-HH	electronic health		
		recipients between the	record to assess		
		age of 18 – 75 years of	and monitor the		
		age identified as having	extent to which a		
		diabetes and having a	specific		
		documented Hba1c in	individuals' care is		
		the previous 12 months.	consistent with		

			treatment guidelines. Results will be submitted in flat file to the state by individual recipient.		
Diabetes: Percentage of BH - HH recipients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg).	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients 18 – 75 years of age with diabetes whose most recent blood pressure in the previous 12 months was less than 140/90 mmHg.  Denominator = total number of CMHC-HH recipients in the previous 12 months 18-75 years of age with diabetes.	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual recipient.	Comprehensive Care Management	PQRS
Vascular Disease: Percentage of BH	Recipient Electronic	Numerator = During the	The medication	Comprehensive	PQRS
- HH recipients aged 18 years and older with Ischemic Vascular	Health Record	reporting period, number of CMHC-HH	adherence, HEDIS indicators and	Care Management	
Disease (IVD) who received at least		recipients age 18 years	meaningful use	ivialiageillelit	
one lipid profile within 12 months		and older diagnosed with	measures were		
one upia profile within 12 months		_			
and who's most recent LDL-C level		Ischemic Vascular	developed from		

mg/dL).		received at least one	guidelines. Health		
mig/dL).			Homes will utilize		
		lipid panel profile within			
		the last 12 months and	data analytics of		
		whose recent LDL-C level	the diagnostic and		
		was in control (less than	service		
		100mg/dl).	information in		
			practice's		
		Denominator = CMHC-	electronic health		
		HH recipients age 18	record to assess		
		years and older	and monitor the		
		diagnosed with Ischemic	extent to which a		
		Vascular Disease (IVD)	specific		
		who received at least	individuals' care is		
		one lipid panel profile	consistent with		
		within the last 12	treatment		
		months.	guidelines. Results		
			will be submitted		
			in flat file to the		
			state by individual		
			recipient.		
Obesity: Percentage of BH - HH	Recipient Electronic	Numerator = Number of	The medication	Comprehensive	PQRS
recipients age 18- 74 years who	Health Record	CMHC-HH recipients age	adherence, HEDIS	Care	
had an outpatient visit and whom		18 - 74 with a	indicators and	Management	
had their BMI documented during		documented BMI during	meaningful use		
the reporting period or the year		the reporting period or	measures were		
prior to the reporting period.		the year prior to the	developed from		
		reporting period	treatment		
			guidelines. Health		
		Denominator = CMHC-	Homes will utilize		
		HH recipients 18-74	data analytics of		
		years of age who had an	the diagnostic and		
		outpatient visit.	service		
			information in		
			practice's		
			electronic health		
			record to assess		
			and monitor the		
			extent to which a		
			specific		

			consistent with treatment guidelines. Results will be submitted		
			in flat file to the state by individual recipient.		
Obesity: Percentage of BH - HH children age 6 to 17 with a calculated BMP (Body Mass Percentile) at their most recent preventative service visit during the reporting period.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients age 6 to 17 years during the reporting period or during the current visit documented in the medical record in the denominator with a calculated BMP.  Denominator = CMHC-HH recipients 6 to 17 years of age who had an outpatient visit.	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual	Comprehensive Care Management	PQRS
Cancer Screening: Percentage of BH - HH women ages 50–75 who had a mammogram to screen for breast cancer.	Recipient Electronic Health Record	Numerator = During the reporting period, Number of CMHC-HH women ages 50-75 who had a mammogram to screen for breast cancer	recipient.  The medication adherence, HEDIS indicators and meaningful use measures were developed from	Comprehensive Care Management	PQRS

		<b>Denominator</b> : Number of CMHC-HH women ages 50-75	treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted		
			in flat file to the state by individual		
			recipient.		
Cancer Screening: Percentage of BH - HH recipients ages 50–75 who had appropriate screening for colorectal cancer. Appropriate exams include colonoscopy, sigmoidoscopy or fecal occult blood tests.	Recipient Electronic Health Record	Numerator = During the reporting period, Number of BH - HH recipients ages 50–75 who had appropriate screening for colorectal cancer.  Denominator = Number of BH - HH members ages 50–75	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific	Health Promotion	PQRS

Chronic Pain: Percentage of BH -	Recipient Electronic	<b>Numerator</b> = Number of	individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual recipient.	Comprehensive	PQRS
HH recipients aged 18 years and older with documentation of a pain assessment through discussion with the BH - HH recipient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.	Health Record	BH - HH recipients aged 18 years and older with documentation of a pain assessment through discussion with the BH - HH recipient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.  Denominator = Number of BH - HH recipients aged 18 years and older	adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual recipient.	Care Management	

Hypertension: Percentage of BH -	Recipient Electronic	Numerator = for a given	The medication	Comprehensive	PQRS
HH recipients aged 18 through 85	Health Record	90 day period the	adherence, HEDIS	Care	
years of age who had a diagnosis of		number of CMHC-HH	indicators and	Management	
hypertension (HTN) and whose BP		recipients between the	meaningful use		
was adequately controlled		age of 18 through 85	measures were		
(< 140/90 mmHg) during the		years old in the	developed from		
measurement year.		denominator whose	treatment		
		most recent blood	guidelines. Health		
		pressure is adequately	Homes will utilize		
		controlled during the	data analytics of		
		measurement year. For	the diagnostic and		
		the recipient's BP to be	service		
		controlled, both systolic	information in		
		and diastolic BP must be	practice's		
		less than	electronic health		
		140/90mmHg140/90	record to assess		
		mmHg.	and monitor the		
			extent to which a		
		<b>Denominator</b> = for a	specific		
		given 90 day period total	individuals' care is		
		number of CMHC-HH	consistent with		
		recipients between the	treatment		
		age of 18 through 85	guidelines. Results		
		years old identified as	will be submitted		
		having hypertension and	in flat file to the		
		who had at least one	state by individual		
		outpatient encounter	recipient.		
		with a diagnosis of HTN			
		during the first six			
		months of the			
		measurement year.			

SMI Medication Managemen	nt: Recipient Electronic	Numerator = Number of	The medication	Comprehensive	NCQA
Percentage of CMHC-HH reci	ipients Health Record	CMHC-HH recipients 12	adherence, HEDIS	Care	
12 years and older who were		years and older who	indicators and	Management	
identified as having a SMI an	d filled	were identified as having	meaningful use		
their prescription for 85% of	the	a SMI and filled their	measures were		
time during the measuremer	nt	prescription for 85% of	developed from		
period.		the time during the	treatment		
		measurement period.	guidelines. Health		
			Homes will utilize		
		<b>Denominator</b> = Total	data analytics of		
		number of CMHC-HH	the diagnostic and		
		recipients 12 years and	service		
		older who were	information in		
		identified as having a	practice's		
		SMI	electronic health		
			record to assess		
			and monitor the		
			extent to which a		
			specific		
			individuals' care is		
			consistent with		
			treatment		
			guidelines. Results		
			will be submitted		
			in flat file to the		
			state by individual		
			recipient.		

	SMI Co-Occurring Disorders: Percentage of CMHC-HH recipients age 12 years and older who were screened for co-occurring mental illness and substance abuse disorders within 30 days of initial intake.	Recipient Electronic Health Record	Numerator = The number of CMHC-HH recipients age 12 years and older who were screened for co- occurring mental illness and substance abuse disorders within 30 days of initial intake.  Denominator = The total number of CMHC-HH recipients age 12 years and older	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual	Comprehensive Care Management	NCQA
Experience of Care	Measure and Improve	BH Health Home	Numerator = Number of	recipient.  Results for the	Health	SDDSS – DCBH
•	Performance: The practice or practice designee surveys CMHC-HH recipients to assess CMHC-HH recipient/family experience and general satisfaction. The survey addresses the process for establishing treatment goals and whether the goals were set by the CMHC-HH recipient or staff.	satisfaction survey	recipient responses with an affirmative response to Adult Services Outcome Tool.  Denominator = the total number of recipient responses to Adult Services Outcome Tool.	survey responses will be submitted in flat file to the state. Results of CMHC-HH surveys will be reported in aggregate for the entire statewide Health Home Initiative.	Promotion & Chronic Care Management	(South Dakota Department of Social Services Division of Behavioral Health)

Measure and Improve	BH Health Home	Numerator = Number of	Results for the	Health	SDDSS – DCBH
Performance: The practice or	satisfaction survey	recipient responses with	survey responses	Promotion &	
practice designee surveys CMHC-		an affirmative response	will be submitted	Chronic Care	
HH recipients to assess CMHC-HH		to Adult Services	in flat file to the	Management	
recipient/family experience and		Outcome Tool.	state by individual.		
general satisfaction. The survey		<b>Denominator</b> = the total	Results of CMHC-		
addresses if the CMHC-HH recipien	t	number of recipient	HH surveys will be		
would continue to use this service i	f	responses to Adult	reported in		
others were available.		Services Outcome Tool.	aggregate for the		
			entire statewide		
			Health Home		
			Initiative.		
Measure and Improve	BH Health Home	Numerator = Number of	Results for the	Health	SDDSS – DCBH
Performance: The practice or	satisfaction survey	recipient responses with	survey responses	Promotion &	
practice designee surveys CMHC-		an affirmative response	will be submitted	Chronic Care	
HH recipients to assess CMHC-HH		to Adult Services	in flat file to the	Management	
recipient/family experience and		Outcome Tool.	state. Results of		
general satisfaction. The survey		<b>Denominator</b> = the total	CMHC-HH surveys		
addresses if the CMHC-HH recipien	t	number of recipient	will be reported in		
would recommend this service to a		responses to Adult	aggregate for the		
friend or family member.		Services Outcome Tool.	entire statewide		
			Health Home		
			Initiative.		

Quality of Care	Measure and Improve Performance: The practice or practice designee surveys CMHC- HH recipients to assess CMHC-HH recipient/family experience and general satisfaction. The survey addresses that the outcomes that are being experienced by the CMHC-HH recipient.	BH Health Home satisfaction survey	Numerator = Number of recipient responses with an affirmative response to Adult Services Outcome Tool.  Denominator = the total number of recipient responses to Adult Services Outcome Tool.	Results for the survey responses will be submitted in flat file to the state. Results of CMHC-HH surveys will be reported in aggregate for the entire statewide Health Home Initiative.	Health Promotion & Chronic Care Management	SDDSS – DCBH
	Multiple Medications: Percentage of specified visits for BH - HH recipients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements.	Recipient Electronic Health Record	Numerator = CMHC-HH recipients age 18 years and older that have had a recipient visit within the reporting period and have a list of current medication in the CMHC- HH electronic health record.  Denominator = CMHC- HH recipients aged 18 years and older that have had a visit in the reporting period.	CMHC-HH attests to the presence of medication listing within the electronic health record as a matter of best practice Attestation will be submitted in flat file to the state by individual recipient.	Comprehensive Care Management	PQRS
	Pro-Active Patient Management: The practice uses BH - HH recipient information, clinical data and	Recipient Electronic Health Record/Practice Records	CMHC-HH electronic health record or electronic care	CMHC-HH attests to the evidence of reminder systems.	Health Promotion & Chronic Care	NCQA

Goal 2: Provide	evidence based guidelines to generate lists of BH - HH recipients and proactively remind BH - HH recipients and families and clinicians of services needed. The practice demonstrates that during the past year it has proactively identified and provided outreach to BH - HH recipients in need of services.  Measures	Data Source	management system identifies CMHC-HH recipient visits scheduled, and reminds CMHC-HH recipients of said visits.  Measure Specification	Attestation will be submitted in flat file to the state by individual recipient.  How HIT will be	Management  Core Service	Measure
cost effective, high-quality health				Utilized		Steward
care services for						
Medicaid Health Home recipients.						
Experience of Care	Measure and Improve Performance: The practice or practice designee surveys CMHC- HH recipients to assess CMHC-HH recipient/family experience and general satisfaction. The survey must include questions related to services available at a time suitable to the recipient and services needed were available.	BH Health Home satisfaction survey	Numerator = Number of recipient responses with an affirmative response to Adult Services Outcome Tool questions  Denominator = the total number of recipient responses to Adult Services Outcome Tool	Results for the survey responses will be submitted in flat file to the state. Results of CMHC-HH surveys will be reported in aggregate for the entire statewide Health Home Initiative.	Health Promotion & Chronic Care Management	SDDSS – DCBH
Clinical Outcomes	Chronic Pain: Percentage of BH - HH recipients with a primary diagnosis of low back pain who did not have an imaging study (plain X- ray, MRI, CT scan) within 28 days of diagnosis.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the diagnosis.	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment	Comprehensive Care Management	PQRS

			Denominator = Number of CMHC-HH recipients with a primary diagnosis of low back pain.	guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines. Results will be submitted in flat file to the state by individual recipient.		
Quality of Care	Resource Utilization: DSS tracks the accumulated Medicaid expenditures/ total resources expended to provide care for all Health Home BH - HH recipients by tier.	Electronic Claims Data	Numerator = the accumulated Medicaid expenditures (inpatient, outpatient, pharmacy, ancillary services) associated with CMHC- HH recipients by risk tier Denominator = total number of CMHC-HH recipients by tier.	DSS will utilize its electronic claims system to identify total costs by tier and for the total	Comprehensive Care Management	NCQA
	Resource Utilization: DSS tracks the accumulated Medicaid expenditures/resources expended to provide care to all enrolled CMHC-HH recipients.	Electronic Claims Data	Numerator = the accumulated Medicaid expenditures (inpatient, outpatient, pharmacy, ancillary services) associated with all enrolled CMHC-HH recipients  Denominator = total	DSS will utilize its electronic claims system to identify total costs associated with CMHC-HH recipients.	Comprehensive Care Management	NCQA

		number of enrolled CMHC-HH recipients.			
Accessing appropriate levels of care: The CMHC-HH provides education on appropriate ER utilization and DSS tracks overall ER utilization to measure reductions over a 12-month period.	Electronic Claims Data	Numerator = Number of annual CMHC-HH emergency room visits  Denominator = total CMHC-HH member months x 12 x 1,000.	DSS will utilize its electronic claims system to measure emergency room visits/1000 members/year.	Comprehensive Care Management	NCQA
Utilization Management Performance: The practice manages the BH - HH recipient population for those 75 years of age and under . to reduce the overall hospitalizations over a 12 month period. DSS measures admits per thousand annually.	Electronic Claims Data	Numerator = For a 12 month period, utilizing the HEDIS 2011 codes for inpatient general hospital/acute care, inpatient alcohol and other drug services and inpatient mental health services discharges calculate the total number of hospital bed days for al HH recipients under age 75  Denominator = the average number of CMHC-HH recipients under age 75 during that same time period x 1,000.	DSS will utilize its electronic claims system to measure hospital bed days and its enrollment system to measure the average number of CMHC-HH recipients to calculate admits per thousand.	Comprehensive Care Management	HFMA (Healthcare Financial Management)
Utilization Management Performance: The practice manages the BH - HH recipient population to reduce hospital readmissions for the same or similar diagnosis within a 30 day period over a 12 month period.	Electronic Claims Data	Numerator = the number of CMHC-HH recipients admitted to a hospital for the same or similar diagnosis within 30 days of a hospital discharge  Denominator = the total number of hospital discharges during the	DSS will utilize its electronic claims system to identify hospital readmissions for the same or similar diagnosis within 30 days of a hospital discharge to measure readmission rates	Comprehensive Care Management	CMS

		same reporting period.	over a 12 month		
Hailingting Bilance and	Electronic Claims Data	Numerator = the	period.  DSS will utilize its	Camanahanaiya	CMS
Utilization Management Performance: The practice	Electronic Claims Data	number of CMHC-HH	electronic claims	Comprehensive Care	CIVIS
manages the BH - HH recipient		recipients 18 years of	system to identify	Management	
population 18 years of age and		age or older admitted to	hospital	Widnagement	
older to reduce hospital		a hospital for the same	readmissions for		
readmissions for the same or		or similar diagnosis	the same or similar		
similar diagnosis within a 30 day		within 30days of a	diagnosis within 30		
period over a 12 month period.		hospital discharge	days of a hospital		
p			discharge to		
		<b>Denominator</b> = the total	measure		
		number of hospital	readmission rates		
		discharges of CMHC-HH	over a 12 month		
		recipients 18 years of	period.		
		age or older during the			
		same reporting period.			
Track & Coordinate Care: The	Recipient Electronic	Numerator = Number of	The CMHC-HH	Care	NCQA
practice tracks referrals using a	Health Record	CMHC-HH recipients	tracks identified	Coordination	
reporting log or electronic		referred by a clinician	referral through its		
reporting system. The tracked			electronic health		
referrals are those determined by		<b>Denominator</b> = all active	record or practice		
the clinician to be important for a		CMHC-HH recipients	management		
BH - HH recipient's treatment or as		during the same	system. Results		
indicated by practice guidelines.		reporting period.	will be submitted		
			in flat file to the		
			state by individual		
			recipient.		
Care Transition: Transition Record	Recipient Electronic	Numerator = Number of	The CMHC-HH	Comprehensive	NCQA
Transmitted to CMHC-HH The	Health Record	CMHC-HH recipients	tracks follow-up	Care	
practice tracks the percentage of		with a transition record	care delivered	Management	
patients, regardless of age,		from an inpatient facility	within 24 hours of		
discharged from an inpatient		(hospital inpatient or	discharge through its electronic		
facility to home or any of other site of care for whom a transition		observation, skilled nursing facility or	health record or		
record was transmitted to the		rehabilitation facility)	practice		
facility or designated health		transmitted to the	management		
professional for follow-up care		CMHC-HH for follow-up	system. Results		
within 24 hours of discharge.		care within 24 hours of	will be submitted		
within 24 nours of discharge.		discharge.	in flat file to the		
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		Denominator = All CMHC-HH recipients discharges from an inpatient facility (hospital inpatient or observation, skilled nursing facility or rehabilitation facility) to home/self-care or any other site of care.	state by individual recipient.		
Follow-up After Hospitalization for Mental Illness: BH HH tracks the percentage of HH recipients 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge.	Recipient Electronic Health Record	Numerator = An outpatient visit, intensive outpatient encounter, or partial hospitalization (refer to table FUH-C in the original measure documentation codes to identify visits) with a mental health practitioner within 7 days after discharge Include outpatient visits, an intensive outpatient encounters, or partial hospitalizations that occur on the day of discharge.  Denominator = Recipients 6 years of age and older discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December	The CMHC-HH tracks follow-up care delivered within 24 hours of discharge through its electronic health record or practice management system. Results will be submitted in flat file to the state by individual recipient.	Comprehensive Care Management	NCQA

			31 of the measurement year.			
Goal 3: Transform the primary care health care delivery system.	Measures	Data Source	Measure Specification	How HIT will be Utilized		Measure Steward
Clinical Outcomes	N/A					
Experience of Care	Self-Management: Recipient & Family Support: Provide educational resources or refers at least 50% of CMHC-HH recipients/families to educational resources to assist in selfmanagement.	Recipient Electronic Health Record	Numerator = the number of CMHC-HH recipients that were provided educational resources or referrals  Denominator = all active CMHC-HH recipients during the same time period. Educational materials or referrals provided are to be documented in CMHC-HH recipients electronic health record	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Patient & Family Support	NCQA
	Self-Management: Counsel at least 50% of CMHC-HH recipients/families to adopt healthy behaviors associated with disease risk factors (tobacco use, nutrition, exercise & activity level, alcohol	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients that have been educated on health risks associated with disease risk factors.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual	Patient & Family Support	NCQA

	use).		Denominator = Total number of active CMHC- HH recipients during the reporting period.	recipient.		
	Plan & Manage Care: Conduct previsit preparations and collaborate with CMHC-HH patient/family to develop an individual care plan that includes treatment goals.	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients whose medication, laboratory, and radiology orders created by provider are recorded using CPOE/EHR.  Denominator = Total number of active CMHC-HH recipients during the reporting period.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion & Chronic Care Management	NCQA
	Plan & Manage Care: Provide the CMHC-HH recipient/family a clinical summary of each relevant visit	Recipient Electronic Health Record	Numerator = Number of CMHC-HH recipients that had a visit during the reporting period  Denominator = all active CMHC-HH recipients during the same time period.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion & Chronic Care Management	NCQA
Quality of Care	Comprehensive Care: The practice follows up with BH - HH recipients who have not kept important appointments, such as for rechecks, preventive care, or post hospitalization.	Recipient Electronic Health Record/Practice Records	Numerator = Number of missed CMHC-HH recipients appointments  Denominator = Number of scheduled CMHC-HH recipient visits in the reporting period.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Comprehensive Transitional Care & Follow- up	NCQA
	Plan and Manage Care: Identify CMHC-HH recipients/families who might benefit from additional care management support.	Recipient Electronic Health Record /Practice Records	Numerator = Number of recipients identified and referred for additional support services	Utilizing the HH's electronic health record, results will be submitted in	Comprehensive Transitional Care & Follow- up	NCQA

		<b>Denominator</b> = all active CMHC-HH recipients during the same time period.	flat file to the state by individual recipient.		
<b>Self-Management</b> : Document self-management abilities for at least 50% of CMHC-HH patients/families.	Recipient Electronic Health Record /Practice Records	Numerator = Number of CMHC-HH recipients with self-management abilities documented in recipient health record  Denominator = all active CMHC-HH recipients during the same time period.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Patient & Family Support	NCQA
Self-Management: Provide self-management tools to enable BH -HH recipients to record self care results for at least 50% of CMHC-HH patients/families.	Recipient Electronic Health Record /Practice Tools	Numerator = Number of CMHC-HH recipients utilizing self- management tools to record self care results  Denominator = all active CMHC-HH recipients during the same time period.	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Patient & Family Support	NCQA
Track & Coordinate Care:  Demonstrate the capability for electronic exchange key clinical information	CMHC-HH Attestation	CMHC-HH attests that their CMHC-HH electronic Health Record has been functional for a twelve month period	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Care Coordination	NCQA
Track & Coordinate Care: Provide an electronic summary of care record for more than 50% of referrals to the referred specialists.	Recipient Electronic Health Record	Numerator = Number of times CMHC-HH recipient information was transferred (recipients electronic health record indicates a specialty referral) in a 90 day period	Utilizing the HH's electronic health record, results will be submitted in flat file to the state by individual recipient.	Health Promotion & Chronic Care Management	NCQA

	Deno	ominator = number		
	of CN	MHC-HH recipients		
	activ	vely enrolled in the		
	BH-H	H at any point during		
	the 9	90 days x 90.		